

prominently, the lack of symptoms that are characteristic of other spinal diseases, being the principal points for the diagnosis,—the autopsy revealed numerous and very large calcareous plates in the spinal arachnoid, which apparently bore a causal relation to the above symptoms.

THE COINCIDENCE OF SPINAL DISEASE AND SKIN AFFECTIONS.

—A. Jarisch, *Vierteljahrschr. f. Dermatol. u. Syphilis*, 1880, p. 195, (abst. in *Centralbl. für Med. Wissensch.*, No. 27, 1881). Starting with the presumption that the advances in nerve pathology would also assist in the explanation of the connection between skin diseases and disorders of the nervous system, the author undertook the microscopic examination of the spinal cord of a patient who, without developing motor or sensory disturbances, had suffered from an intense, in part sharply limited, febrile herpes iris, and, after the occurrence of an acute bed sore over the sacrum and fatal inflammation of the lungs, had afforded, as obvious results of the autopsy, a lobular pneumonia associated with the third stage of Bright's disease.

Examination of the cord hardened in a $\frac{1}{10}$ th per cent. solution of chromic acid, revealed notable alterations in its gray axis. The central and posterior portions of both anterior horns appeared in part to be spongy and in part shrunken, and in the region of the 3-7 and 2-5 cervical nerves there were symmetrical lateral foci of alteration. The majority of the ganglion cells in the anterior horns, from the third cervical to the eighth dorsal vertebra, had become coarsely granular, and their processes were notably thickened; also there had been formed in the foci a network of thick, smooth-margined fibres made up of irregularly formed pieces.

These alterations existed in their greatest intensity in those parts in which Charcot has located his hypothetical trophic centres for the skin.

The author also extended his investigations into the spinal cord in syphilis, and found in three cases of inherited syphilis circumscribed foci in the central portion of the anterior horns or in the commissure, which were deeply colored and showed visible swellings of the network. In two of these cases the protoplasm of the ganglion cells was coarsely granular; in the third it appeared shrunken and penetrated by numerous vacuoles. The medulla in a case of acquired syphilis was similarly pathologically altered.

Finally, Jarisch discovered in the spinal cord of a man who had been a sufferer from psoriasis for the greater part of his life,

sclerosed and inflamed patches in the gray axis, and in one case of lupus erythematosus, symmetrical patches, visible to the naked eye, in the central lateral portion of the anterior horns, the same locality as was affected in the already-mentioned case of herpes iris.

HYDROPHOBIA.—MM. Bertholle and Eloy send the account of a carefully observed and reported case of hydrophobia in the human subject in *L'Union Médicale*, Aug. 11, with the following conclusions :

1. The existence of hydrophobia in our patient is incontestable. The incubation of about forty days had a duration confirmable to the statistics resulting from the observations collected by the Conseil d' Hygiène of 1862-1874. Death occurred rapidly about forty-eight hours after the beginning of the hydrophobic spasms.

2. Erections, ejaculations, and dysuria were the first symptoms of irritation of the nervous centres. These early phenomena, in the absence of any other clinical indication, might lead to error, since they occurred at a period of the disease in which the existence of genetic disorders had not been noticed by authors. Here the excitation of the genito-urinary organs was the first manifestation of spinal irritation, preceding thus the other classic phenomena of hydrophobia.

3. The generalization of cadaveric rigidity, its prompt appearance, and the quickness with which putrefaction set in, are phenomena analogous to those observed in physiological experiments. They confirm the numerous observations made now many months in the laboratory of experimental medicine of the College de France, by which M. Brown-Séquard has shown that cadaveric rigidity and putrefaction appear the more quickly as the death was preceded by longer and more violent convulsions. These phenomena are therefore in relation, not with the hydrophobic intoxication, but with the duration of the convulsive spasms.

4. The dark coloration and the diminution of the fluidity of the blood are proofs that in this case death was not due to asphyxia. Indeed, in cases of asphyxia the blood is fluid and presents no increase in its consistency. Our observation therefore confirms the statement to that effect made by Dr. Calve, of Toulon (*Union Médicale*, Dec. 30, 1876).

The existence of pulmonary ecchymoses in hydrophobia is also in confirmation of a physiological phenomenon observed by vari-